

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-004619

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 7 1962

1003

1253

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

3 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Anthony Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY

OR TOWN

LeMay

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5415 Telegraph Road

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

James

Middle

C.

Last

Tegethoffs

4. DATE OF DEATH

Month

1

Day

26

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-11-1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Builder

10b. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman Tegethoffs

13b. MOTHER'S MAIDEN NAME

Adele Schafer

14. NAME OF HUSBAND OR WIFE

Virginia Tegethoffs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address (Foerstel)

Mrs. Virginia Tegethoffs 5415 Telegraph

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic carcinoma of

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Stomach, liver, lungs.

2 mo.

DUE TO (c)

Primary carcinoma of Esophagus

3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

150x

PART III. If deceased was female there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov 7, '61

to Jan. 26, '62

last saw him alive on

Jan. 26, '62

Death occurred at

9:25 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George A. O'Sullivan, M.D.

22b. ADDRESS

7629 Ivory ave

22c. DATE SIGNED

1-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-31-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hoffmeister Colonial Mortuary 6464 Chippewa

25. DATE RECD. BY LOCAL REG.

JAN 29 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Brannon

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.